

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Hershel Slaughter, #363-213  
WCI, P.O. Box 120  
Lebanon, OH 45036-0120

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee  
*MS CD*
- B. Received by (Printed Name), *Charles Carlin* C. Date of Delivery *5/17/01*
- D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

7003 0500 0002 0889 8103

## 2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

61-866 (Doc 14) SAS

Domestic Return Receipt

102596-02-11540